

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006741

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1024

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

KANSAS CITY

Length of stay in 1b

26 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RESEARCH HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

KANSAS CITY

d. STREET ADDRESS

(If outside, give location)

3751 WASHINGTON STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MORRIS

B.

TUCKER

4. DATE OF DEATH

Month

Day

Year

FEBRUARY 17th 1962

5. SEX

MALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-19-00

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Assistant Commissioner

10b. KIND OF BUSINESS OR INDUSTRY

City Water Dept.

11. BIRTHPLACE (City and state or country)

Morrill, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar C. Tucker

13b. MOTHER'S MAIDEN NAME

Amanda Schooler

14. NAME OF HUSBAND OR WIFE

AMELIA TUCKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Kansas City, Mo.
BERNELL C. TUCKER 9722 Walnut St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. Enter what was caused by:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal Carcinoma, Primary Bladder

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

s.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 1961 to 2-17-62 and last saw her alive on 2-16-62
Death occurred at 12.10 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

Burial

Feb. 20, 1962

Forest Hill Cemetery

Kansas City

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. Newcomer's Sons Kansas City Mo

2-20-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louis Ruest

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.